

STATE OF IDAHO – Office of the State Controller
**AUTHORIZATION OF SIGNATURE
FOR A DIRECTOR OR ELECTED OFFICIAL**

This form is used by the State Controller's Office to confirm elected official's and agency director's signatures. This document will be used by the Controllers Office for verification on any/all documents processed through this office. The form must be signed and notarized before it can become a legal document.

SECTION 1

Contact Information:

Contact Name: _____ Phone: _____ Date: _____
Agency Name: _____ Agency Number: _____
Agency Address: _____

SECTION 2

Signature of Agency Director or Elected Official:

Until further notice you are authorized to recognize _____ as the Director or
(Print Name)
Elected Official of _____ agency. All documents filed in your
(Agency Name)
Office will be recognized with the following signature _____ effective on
(Signature of Director or Elected Official)

(Date MM/DD/YYYY)

SECTION 3

Notary:

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____ known to me to be the ASSIGNEE whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public for _____
Residing at _____
My commission expires _____

(SEAL)